



State of Tennessee
Non-Participating Manufacturer
Certification of Annual Escrow Compliance

Review instructions prior to completion.

Company Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Country: _____ Phone no. _____

Web/Email Address: _____

Name and title of person completing form: _____

Total NPM units certified in 3rd quarter: _____ Deposit _____

Total NPM units certified in 4th quarter: _____ Deposit _____

TOTAL NPM units for 3rd and 4th quarter: _____ Amount Deposited _____

Step 1: Total NPM units sold for **2008** (convert RYO oz. by dividing by 0.09)
(Total sold during January through December 2008)

1 _____

Step 2: The appropriate rate per cigarette for the reporting
year 2008 (Contact Tobacco Enforcement Division
for previous rates).

2 X _____

Step 3: Multiply Total NPM sales in Line 1 by Line 2.

3 _____

Step 4: Multiply Line 3 by the inflation adjustment percentage.

4 X _____

Step 5: This is the total amount that should be held in escrow for 2008 sales.

5 _____

Step 6: Subtract Step 5 from the amount that has been deposited for 3rd and
4th quarter's. This is the additional amount that has been deposited
into escrow. Attach a letter from the bank or other proof of deposit.

6 _____

Under penalties of perjury, I declare that, to the best of my knowledge, all of the information contained in
this report and any attached documents are true and accurate.*

NPM Designee (PRINT)

Title

Signature of NPM Designee

Date

Mail to:

Tennessee Attorney General, Tobacco Enforcement Division, P.O. Box 20207, Nashville, TN 37202-0207

*By submitting this report, the NPM certifies that it has established, and continues to maintain, a fully funded, qualified escrow account, as defined and regulated by the Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999, Tenn. Code Ann. § 47-31-101, *et seq.*